



Evaluation: Specialist Perinatal Mental Health Midwife Role

May 2025



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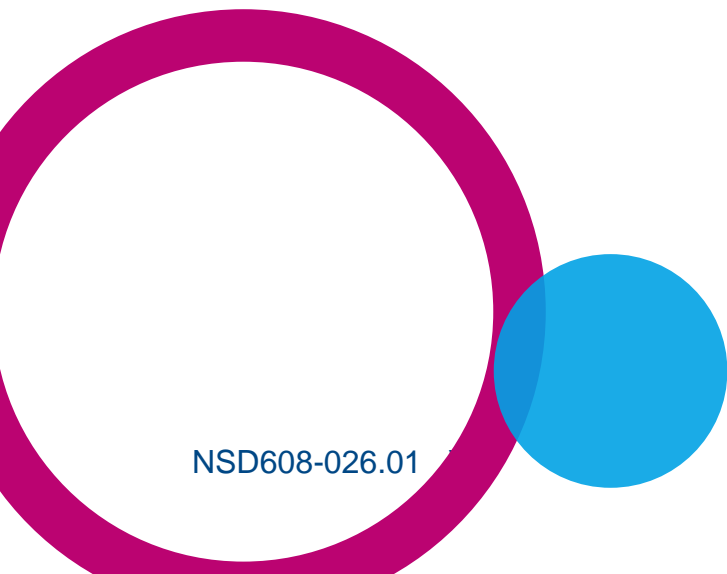
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Background

Specialist Perinatal Mental Health Midwife Role

Following the expansion of perinatal mental health (PMH) services as recommended in [Delivering Effective Services](#) in 2019, the role of Specialist Perinatal Mental Health Midwife has developed and become established across many health boards.

The [role definition paper](#) published by Perinatal Mental Health Network Scotland (PMHNS) in 2021 outlines the role as follows: Specialist Perinatal Mental Health Midwife has a board-wide responsibility to ensure seamless care for women with additional mental health needs by linking maternity services with specialist perinatal mental health services and other care providers. Providing advocacy for women who experience mental health difficulties in pregnancy or the early postpartum period, and their families is a core component of maternity pathways. They can provide more specialist mental health assessment and care planning for women with additional mental health difficulties. They will demonstrate a leadership role in providing expert advice and support to colleagues, and by leading the development of local care pathways and quality improvement strategies. Where they are part of a maternity and neonatal psychological interventions service, they will deliver psychological therapies appropriate to their role.

The following NHS boards have a Specialist PMH Midwife: NHS Borders, NHS Fife, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Highland, NHS Lanarkshire, NHS Lothian and NHS Tayside.

The terminology used in the job titles varies. For the purposes of this report, the term Specialist Perinatal Mental Health Midwife is used as it is most used in health boards and is reflective of the language in [Delivering Effective Services](#).

Purpose of the Evaluation

There have been significant changes in the provision of perinatal mental health services in recent years given the expansion following the recommendations set out in [Delivering Effective Services \(2019\)](#). This evaluation has been carried out to look at the development and impact of the role to date and to inform ongoing service and role development.

Methodology

Information for this evaluation has been gathered from Specialist Perinatal Mental Health midwives via an online survey, patient feedback from Care Opinion, and from staff in Maternity and Neonatal Psychological Interventions (MNPI) teams and maternity services via a MS form survey.

Only staff from NHS boards with a Specialist PMH Midwife were asked for feedback.

Feedback from Specialist PMH Midwives was gathered in 2023. This represents a snapshot in time as the role and services continually evolve. Staff feedback was gathered in 2024. Identifiable information has been removed.

Initial findings were shared with the PMHNS Steering Group in October 2024. It was agreed it would be beneficial to revisit boards who had not previously provided feedback to ensure the evaluation included all boards with a Specialist PMH Midwife. 100% of health boards with a Specialist PMH Midwife have provided feedback for this evaluation.

Patient Feedback

Specialist PMH Midwives across Scotland were asked to share patient feedback. The feedback below has come from Care Opinion. Names and locations have been removed from quotes to ensure anonymity.

"Before I welcomed my beautiful son, I sadly lost my 3rd little angel at the beginning of 2023. Once I fell pregnant with my son a few months later I was a ball of anxiety and fear. I couldn't shift those negative thoughts and really struggled to think positive.

*I'm not usually someone who will reach out for help but I'm truly so glad I did. **I felt so heard and supported.** A massive thank you to [Specialist PMH Midwife] who helped me and made pregnancy that bit easier.*

I couldn't recommend MNPI services more and will continue to tell people about this service."

"I am not sure I would have managed to stay well during the pregnancy without her. The skills she taught me are transferable and will last me a lifetime."

"Thank you so much to the Clinical Psychologists and Specialist Midwife, all of whom helped me beyond measure."

"The Specialist Midwife gave me my life back. I was so consumed by the whole experience of my c-section that I couldn't move past it and obsessed over how to have a vbac.

I had blamed myself fully for having a section but from going through it all with the specialist midwife, I started to remember things I had blanked out and got so many answers to how and what happened. I felt more like myself after my sessions with her.

I fully felt like a failure before being referred and now I know it wasn't my fault and I can stop grieving the birth I wanted. I felt so listened too and felt so comfortable to share what happened.

I feel ready, excited and empowered for my next pregnancy and birth."

"...I was really struggling to cope with what we had been through and would experience intrusive thoughts about my birth experience taking over my day-to-day life, uncontrollably cry, distress and the inability to talk about what I had experienced, overprotection of my children, horrid nightmares that would prevent me from sleeping.

[The Specialist PMH Midwife] went through our badger notes to put together a timeline of what had happened. This meant we could match our thoughts with what had been recorded...helped us understand why somethings happened the way they did.

[At the debrief] she was able to help us convey our questions to consultants, help us interpret their responses and offer support when at times I was too emotional to even express what I wanted to say...Without this support I would have been unable to ask these challenging questions and I believe would have felt much more anger, disappointment and fear about my birth experience.

Without them [Specialist PMH Midwife and Consultant Clinical Psychologist] I would have really struggled to move past those intrusive thoughts and as a result would not have been able to enjoy my children as much as I can now."

"It was such a relief to finally have answers to questions about my previous birth and to hear another healthcare professional validate my feelings and confirm it was ok to feel the way I did. She really took the time to understand what the causes of my anxiety were and helped to put steps in place to help me cope better with the experience of my second pregnancy.

My second pregnancy ended in an unplanned section again but the difference was night and day. Having already visited the labour ward and recovery bay with [Specialist PMH Midwife], I felt in control of the situation. I was able to ask questions and vocalise my concerns.

[Specialist PMH Midwife] is understanding, knowledgeable and shows so much compassion for the ladies under her care. I know if I hadn't met her, I would never have been able to cope as well during my second pregnancy and I am so grateful that I got to finally experience a positive birth."

"My experience of being pregnant and delivering my baby was infinitely better than it would have been because of [Specialist PMH Midwife]. My anxiety about the pregnancy really reduced over time, and did not transfer into the parenting of our son. We will always remember what she did for us."

"The support and help from the team has changed my life."

"This service is invaluable. I felt so much more empowered going into labour the second time round enabled with the tools I needed to advocate for myself. I can't thank you enough for allowing me to experience a positive birth."

"There are no words good enough to describe how much you have helped and supported us during a really challenging time. I could never have imagined going to hospital and having such a supportive, personalised and safe experience that I did and that was all down to you. You were the rock we needed and we are so so grateful and thankful we had you, or we wouldn't be where we are today."

The feedback from patients clearly demonstrates the profound positive impact the role of Specialist PMH Midwife, amongst others, has had on the experiences of pregnancy, birth and parenthood. The value and the range of input provided across Scotland is evident.

Specialist Perinatal Mental Health Midwives Feedback

The Specialist Perinatal Mental Health Midwives were asked to complete a survey to help to understand how the roles are being developed across Scotland. Due to maternity leave and secondments, feedback was gathered at varying timepoints. There were 9 responses received from the following health boards; NHS Borders, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Highland, NHS Lanarkshire, NHS Lothian, and NHS Tayside.

Demographics and training information

When asked about sessions identified in job plan for Perinatal Mental Health, 3 responses said there were no identified sessions. The remaining responses were 2.5, 3, 6, 10 and 14 sessions, demonstrating a significant range. One session is equivalent to half a day.

Of the 9 responses received, 8 Specialist PMH Midwives had a role within the MNPI service.

Additional psychological interventions training provided as part of the specialist role:

- NES Enhance Psychological Practitioner
- Introduction to Cognitive Behavioural Therapy (CBT) for Perinatal Anxiety

- OTC training
- Newborn Behavioural Observation (NBO)
- None (3 responses)

Further training completed to enhance the specialist role:

- Birth reflections training
- Make birth better - Trauma informed training
- Warwick University Infant mental Health
Institute of Health Visitors - PIMH cascade / Champions training
- Solihull
- NHS Education for Scotland (NES) Perinatal and Infant Mental Health (PIMH) Online Modules
- Multi-disciplinary team (MDT) follow on training Maternity and Neonatal Psychological Interventions (MNPI)
- MDT follow on training Community Perinatal Mental Health Team (CPMHT)
- Video Interaction Guidance (VIG)
- Circle of Security
- Perinatal Obsessive Compulsive Disorder (OCD) Awareness Training
MNPI training with NHS Lanarkshire
- Masters module in Integrating Mental Health and Professional Practice
- Post Graduate training - Perinatal Mental Health
- Post graduate module – Infant Mental Health
- MSc – Professional Studies (Leadership and Advanced Practice in Health and Social Care).
- Non-Medical Prescribing Course

Core roles

The Specialist PMH Midwives were asked to estimate the number of sessions assigned to each of the core roles and supervision in the headers.

Leadership and advice

Three responses said there was no dedicated time, and it is variable. The remaining responses noted 1, 2.5, 3 and 4 sessions dedicated to leadership and advice.

Links between services

Responses range from 1 (3 responses), 2, 2.5, 3 sessions and no allocation.

Mental health care planning

Responses range from 1 session (3 responses), 2 sessions (2 responses), 4 sessions and a further 3 responses with no specific allocation.

Psychological Interventions

Two respondents said there were no sessions allocated to psychological interventions. Others noted 1 session, 2 sessions (2 responses), 5 and 8 sessions.

Further comments

When asked for further comments on core roles, the following themes were evident:

1. Essential to ensure the role is well staffed. Concern raised over the population / hospital bases to be covered in very limited time.

2. Adequate staffing is required in the wider team to allow this role to cover aspects of leadership, training, development.

3. The role is enjoyable and required. The role is varied and covers many areas.

4. The success of the role is evident in quantitative outcome measures and feedback via Care Opinion.

5. There is potential to expand and upskill to enhance birth trauma within MNPI and utilise midwifery skills more (antenatal classes, hypnobirthing, input to MBU for continuity of care)

6. Would benefit from additional training for psychological interventions.

7. Challenges accessing EPP course due to requirement to step out of job role for 6 months. Attendance at the course would be valuable.

8. Specialist neonatal role, equivalent to Sp Midwife role within MNPI would be valuable.

9. Improve pathways to refer into Specialist PMH Midwife.

Arrangements for Supervision – estimated time spent in each role

Senior Midwifery Structured Supervision

Responses ranged from none (two responses), two annually, two quarterly, one eight-weekly and one monthly.

Community Perinatal Mental Health Team (CPMHT) Informal Supervision

The majority of responses noted CPMHT informal supervision is provided through the regular multi-disciplinary team (MDT) meetings or as required. Others noted one to one supervision with a psychologist and clinical lead.

MNPI Clinical Psychologist Structured Supervision

Weekly (two responses), monthly (three responses). The remaining responses note team members providing supervision on a regular basis. One respondent noted there was no supervision in place.

Further comments on supervision

When asked to comment further on supervision, all responses noted the importance of it and how beneficial it is to continually learn, be supported and feel safe. An additional comment noted how well-placed Specialist PMH Midwives are to provide clinical supervision to colleagues based on the skills and knowledge of the role in supporting recruitment and retention of staff. However, due to clinical pressures there is limited capacity to do this.

Opportunities to develop the role

The Specialist PMH Midwife evaluation concluded by asking how to develop the role further.

1. Well-staffed team with the capacity for a more structured job plan could impact on all areas of maternity. Trauma informed workforce who are empowered and educated.

2. Robust birth trauma pathway and service could be led by skilled specialist midwives (if trained in CBT and EMDR and supervised appropriately)

3. A nationally agreed training and development programme for specialist midwives in MNPI. Progress to provide higher intensity trauma-based interventions and EPP (with funding)

4. Consistency in job title and appropriate accommodation to deliver service.

5. Guidance in developing Birth Reflections

6. Create infrastructure of advanced midwifery PMH practitioners within services

7. Maintain midwifery skills through patient contact.

8. Allowing capacity and resource to champion for trauma informed practice

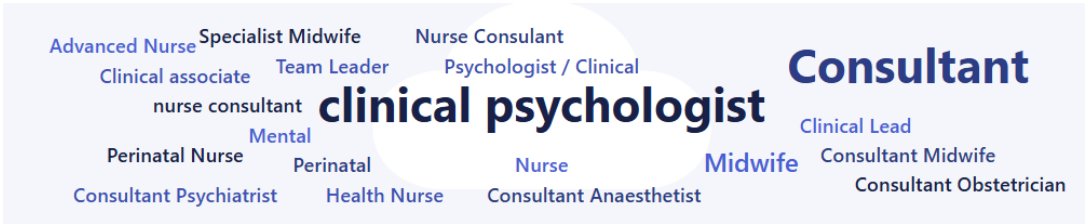
9. Utilise the role as advanced practitioners as all perinatal women are seen by midwives.
Allow for career progression into more senior roles.

Staff Feedback

Staff working in NHS boards with a Specialist PMH Midwife were asked for their feedback and experience of the role in their setting. The survey was sent to staff in Maternity and Neonatal Psychological Interventions (MNPI) Services and senior midwifery colleagues.

27 responses from 100% of health boards (8) with a Specialist PMH Midwife.

Responses came from a range of staff members across specialist and universal services. 33% responses were from Clinical Psychologists.



In 2021, PMHNS [published role definitions](#) for a number of roles across specialist services. The [role definition paper](#) and [infographic](#) for the Specialist Perinatal Mental Health Midwives outlines the core roles and supervisory structures.

Staff were asked about their experience of the core roles and supervisory structures.

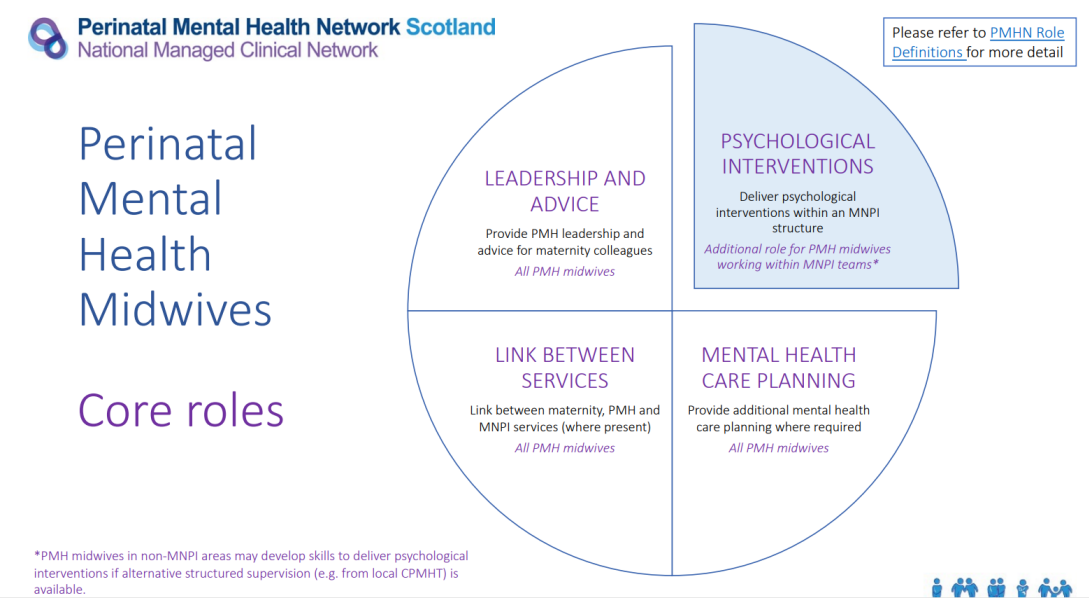
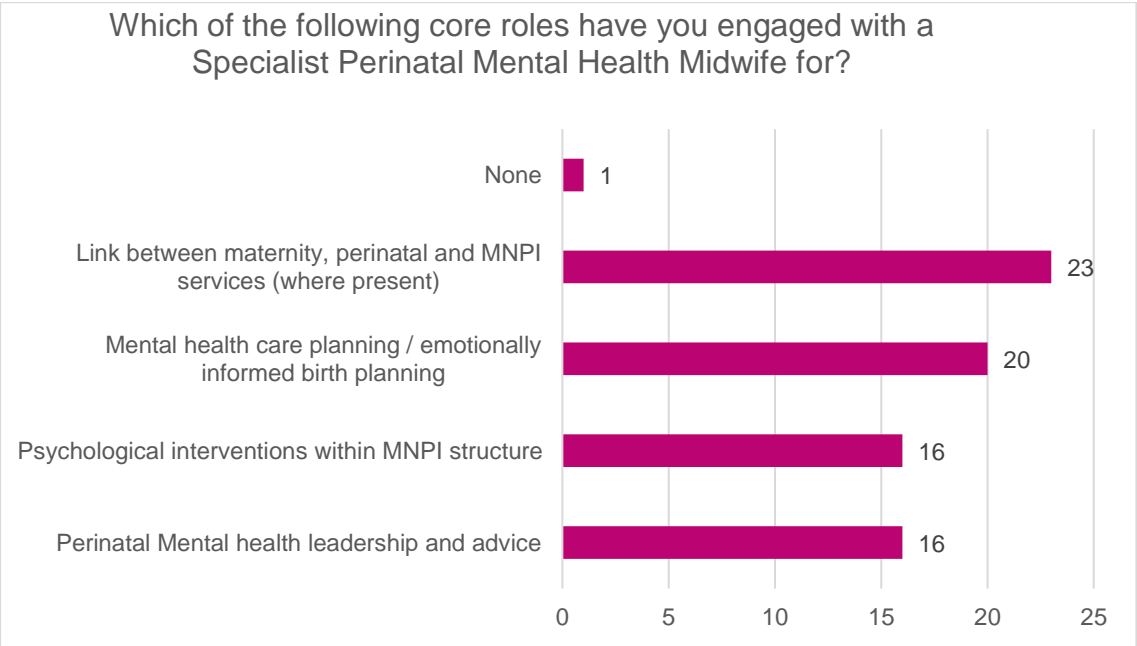


Chart 1: Core Roles



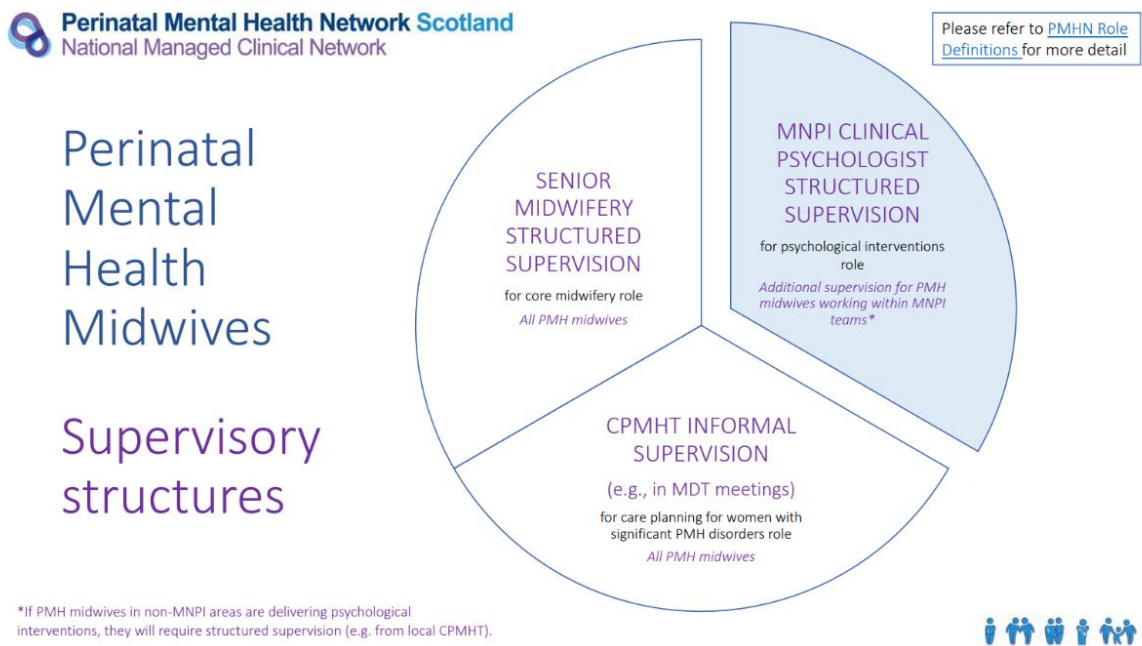
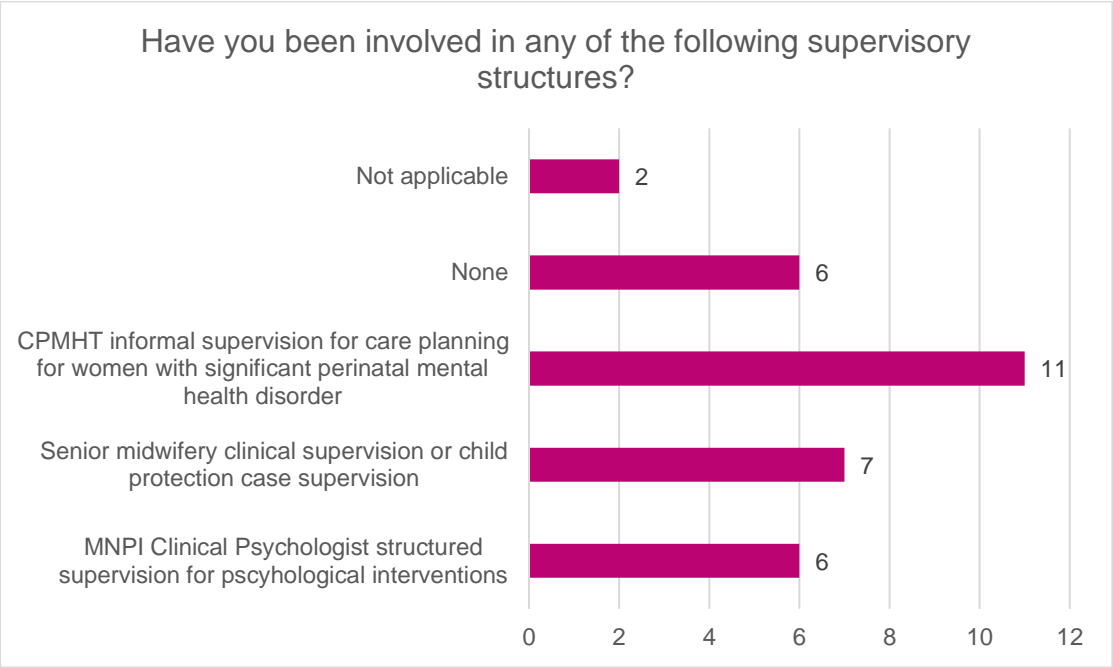


Chart 2: Supervisory structures



Roles and responsibilities adding most value

Staff were asked which roles or responsibilities they felt added most value to the service they work in. A broad range of answers were provided. The majority (59%) referred to the importance of **providing a link between services** (maternity, perinatal mental health and MNPI). There were also 13 responses (48%) referring to **emotionally informed birth planning**.

The remaining responses are listed below:

- **Advice, knowledge and assisting referral decisions** (4 responses)
- **Preconception, care planning and clinical knowledge from a midwifery perspective** (4 responses)
- **Birth reflections** (3 responses)
- **Staff education on mental health service roles and appropriate referrals** (4 responses)
- **Informal education to the team** (2 responses)
- **Psychological interventions, including skills mix with maternity experience** (4 responses)
- **Utilising EPP skills** to support women with low level anxiety about accessing maternity care (1 response)
- **Trauma informed care in labour and women who have ASD issues in planning sensitive needs led care** (1 response)
- **Assistance with joint referrals** (1 response)
- **Birth Trauma work** (2 responses)
- **Support using Badgernet** (1 response)
- **Visibility** would be the most valued to support the teams (1 response)
- **Mental health champions (1 response)**
- **Support options for most relevant care** - Specialist Perinatal Mental Health Midwife and Nurse Consultant for Perinatal Mental Health to support colleagues and women and families is invaluable. (1 response)

"The specialist midwife role is an integral part of the MNPI team - the ability to help clinicians understand how maternity services work, the language- the links to other maternity staff is essential. Equally providing birth planning, birth reflections for our team and PMHT is integral and helpful for therapeutic interventions especially birth trauma. Also delivering training to maternity services."

"In my former role I provided supervision for a specialist midwife with the CBT course and was struck by the specific value of understanding exactly what the complications might be/medical treatment might be (e.g. when working with a woman with incontinence following birth and frightened to leave the house) for designing thoughtful CBT-based interventions."

"The value of a link between maternity services and the Perinatal Mental Health Team cannot be under-estimated. This role provides a route by which informal mental health advice can be given to maternity staff, avoiding unnecessary referrals into our service, and also a way for information to be fed forward to the Perinatal Mental Health Team. Additionally, the specialist midwifery knowledge brought into the Perinatal Mental Health Team is invaluable when understanding the journey that a woman has been through during pregnancy and birth."

Additional tasks or responsibilities,

Staff were asked which tasks or responsibilities, if any, could be included to add more value to the role of the Specialist PMH Midwife. A summary is included below.

Theme 1: Training

- Focused on staff training, however clinical constraints on the Specialist PMH Midwife minimises this. Having dedicated time to provide training for staff is a good opportunity for networking and for ensuring newly qualified staff are supported alongside more experienced colleagues.

<ul style="list-style-type: none"> Regular education/contact sessions between the Specialist PMH Midwife and clinical colleagues to strengthen the support being provided to women and families. Examples provided include low-level psychological interventions and training, teaching antenatal anxiety classes and groups.
<p>Theme 2: Capacity</p> <ul style="list-style-type: none"> The Specialist PMH Midwife provides enough in terms of tasks and responsibilities and is already an overstretched resource. More people required in role to reduce dependence on one person. More Clinical Psychology hours. (Note: not all Specialist PMH Midwives are trained in Enhanced Psychological Practice or Cognitive Behavioural Therapy)
<p>Theme 3: Increased visibility</p> <ul style="list-style-type: none"> Increased visibility on site to improve awareness of responsibilities and access to the role This can be a challenge as the role is often one Specialist PMH Midwife and they may cover multiple sites.
<p>Theme 4: Clarity of role and referrals</p> <ul style="list-style-type: none"> More of a role with other midwives who are referring to the team to prevent referrals coming through that are not for community perinatal mental health services. This would benefit from staff training sessions to raise awareness but can be challenging due to clinical demand and priority. Clearer definition of where the Specialist PMH Midwife sits within the different PMH and MNPI roles.
<p>Theme 5: Extended practice</p> <ul style="list-style-type: none"> Short-term work with cases where there are more complex pregnancy related issues that impact on mental well-being that are not as a result of more complex or severe mental illness. Supporting antenatal wellbeing and through the development of the role in providing birth reflections clinics. Both of which we are currently exploring. There is a real lack of input for women continuing and terminating pregnancies with fetal abnormality (including those who have had feticide). Support with needle phobias. Support with PTSD after delivery, PTSD from other adverse life events that affect birth experience. Although there are challenges around capacity. A replication of CBT-based interventions in NHS Lothian. (Note: Not all Specialist PMH Midwives are trained in CBT. It is varied across Scotland). Midwifery time dedicated to deliver the bereavement pathway. (Note: One board in Scotland has a joint Bereavement / PMH Midwife role. Bereavement Midwives tend to be involved in bereavement pathway with escalation to MNPI if required.) More joint working in anticipatory care planning for women with previous experience of trauma resulting in PTSD, aside from birth trauma.

Accessing the Specialist PMH Midwife

Chart 3: Ease of access

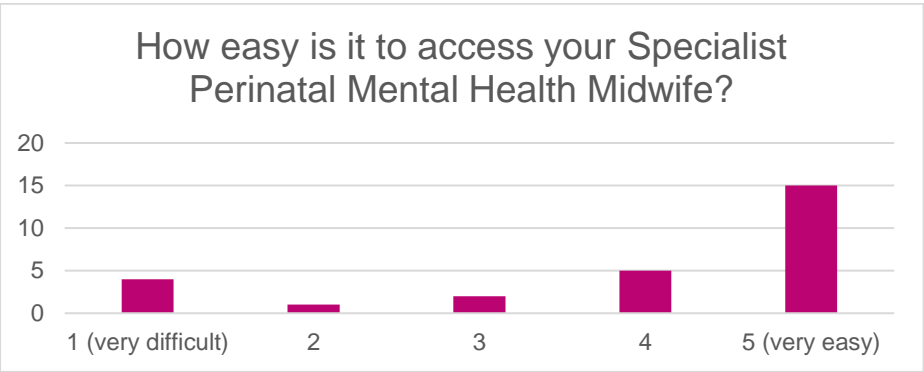
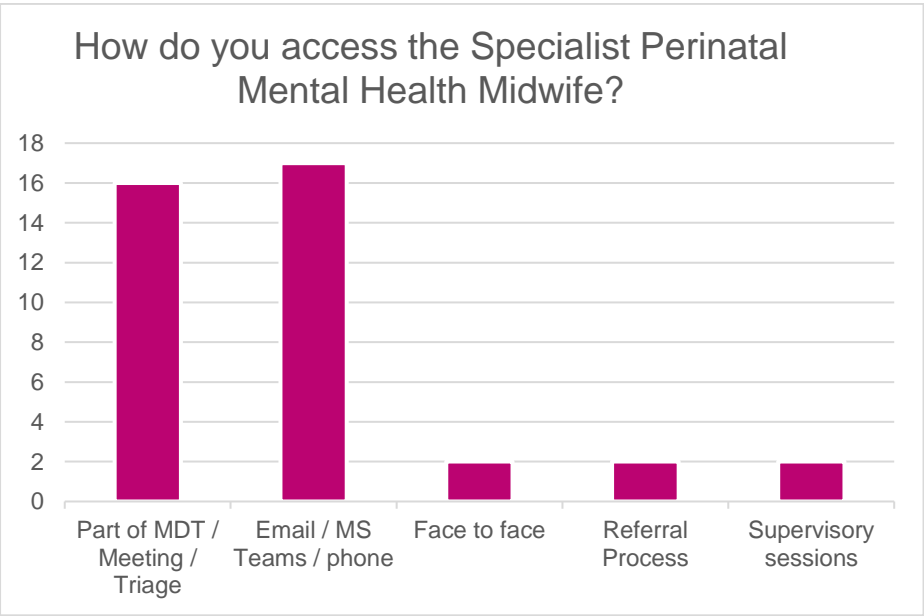


Chart 4: Method of access



Additional comments relating to contact included:

“Replies are always very quick and the Specialist Perinatal Mental Health Midwife working with the service is extremely approachable and accessible.”

“Difficulties relate to the fact that it is a single midwife with no backfill when unavailable.”

Staff in MNPI and maternity services were asked which areas of the specialist PMH midwife role they felt were working well, and which areas could be improved. Feedback is summarised below.

Areas working well

1. The role has been a helpful addition to MNPI. Need to consistent developing equivalent roles in neonatology (especially with Best Start). MNPI covers maternity and neonatology.

2. Skills, knowledge and experience brought is invaluable and aids the provision of holistic care for women. Continually training and developing team.

3. Valuable role which forms credible link between mental health and maternity and greatly facilitates triage of referrals.

4. Great resource which should have more dedicated time.

5. Hugely valued role stretched across too many services. Supportive of increased funding to increase capacity across MNPI, CPMHT and bereavement.

6. EPP training has been supportive to role development.

7. Emotional birth planning and birth debriefing

8. Extremely valuable to the care of women in maternity care producing a positive experience for women and reversing the mental impact of pregnancy, childbirth and attachment with their infant.

Areas for Improvement

1. Can be expectations for Specialist PMH Midwife to offer same level of psychological interventions as a Clinical Psychologist.

2. Severity of mental health presentations a Sp PMH Midwife could hold is high.

3. Increase visibility to improve accessibility and familiarity. Working alongside other specialist midwives to provide support structure.

4. Challenges when referrals are declined as waiting lists for mental health services can be long.

5. Limited time allocated to complicated patients compared to those wishing to discuss previous deliveries.

6. Uptake exceeded expectations which can result in the training element being excluded to provide clinical care.

7. Consideration for future planning - The unique skill mix; (mental health, CBT skills & midwifery) requires succession planning for promotion.

Key Considerations

It is important to note that this evaluation includes anonymous feedback from staff and patients across eight health boards and not all points will be relevant to every health board. It is also acknowledged that the role is not utilised in the same way across boards. The purpose of this information is to inform ongoing development of the role of the Specialist Perinatal Mental Health Midwife.

Patient feedback overwhelmingly demonstrates the importance of the role in the patient's maternity journey. The profound impact on patient experience is evident through the quotes from Care Opinion.

Staff feedback demonstrates that the role is highly valued within CPMHT and MNPI service provision noting that the midwifery role is an integral part of services. Staff feedback noted that the specialist midwife provides an invaluable link between maternity and specialist services.

Staff and Specialist PMH Midwife feedback demonstrates emerging themes for both the successes so far, as well as the areas for improvement as services continue to develop. The added value is vast and varied in terms of the range and unique skill mix brought to the role which has provided an invaluable service to improve experience and outcomes for women. However, there are areas for improvement around protecting the capacity due to limited staffing available. To fully utilise the role, it is important to have clear roles and responsibilities to utilise the skills and expertise across specialist services.

The intension of the themes identified in this report is to inform service and role development in each board as appropriate.

Ownership Statement

This document has been prepared by NHS National Services Scotland (NSS) on behalf of Perinatal Mental Health Network Scotland (PMHNS). Accountable to Scottish Government, NSS works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. PMHNS is a collaboration of stakeholders involved in care of perinatal and infant mental health, who are supported by an NSS Programme Team to drive improvement across the care pathway.

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